

REGISTRATION FORM

Please print clearly

First Name: _____ Last Name: _____

Birth date _____ Sex: _____ School: _____

First Name: _____ Last Name: _____

Birth date _____ Sex: _____ School: _____

Address: _____

Postcode: _____

Parents name: _____

Home number: _____ Mobile: _____

E mail (please print): _____

Parents name: _____ Mobile: _____

E mail (please print): _____

In case of emergency, if unable to contact either parent, please notify _____

_____ Mobile: _____

Please indicate for which year you are enrolling:

Reception What's in the Bible?

Sch Year 1 Who's in the Bible?

Sch Year 2 Who is Jesus?

Sch Year 3 I can know Jesus

Sch Year 4 I can grow in Jesus

Sch Year 5 I can serve Jesus

Sch Year 6 I can share Jesus

During the year we will be taking pictures and video in DK Groups, these images will be used to record all the fun we will have throughout the year, and may also be used in presentations or publicity. For example MKCC website and leaflets.

I do/do not (delete as appropriate) give permission for the above named child/children to have pictures and video taken whilst at DK Groups.

HEALTH INFORMATION:

Please state any medical conditions/allergies we should be aware of: _____

Signed Parent/Guardian: _____ Date: _____